

Vaccine Clinic Check-In Questionnaire



The Spay Neuter Project
No Kill Columbia

The Spay Neuter Project
206 Austin Ave Columbia, MO 65203
(573)-397-6443
www.spayneuterprojectmo.org

Owner Information (Please print)

Last Name _____ First Name _____ Date _____
Street Address _____ City _____ State _____ Zip _____
Phone Number _____ Email Address _____
How did you hear about us? _____

Pet Information (Please Circle)	Dog	Cat	Male	Female	Neutered	Spayed
Pet's Name _____	Age _____	Breed _____	Color _____			
If not spayed/neutered, why not?	Concerned about cost	Health Issues	Want to breed	Other _____		

- | | | | |
|--|-----|----|---------------------|
| 1. Is your pet currently taking medications? | Yes | No | If yes, what? _____ |
| 2. Has your pet had an allergic reaction to a vaccine or medication in the past? | Yes | No | If yes, what? _____ |
| 3. Is your pet currently pregnant or nursing? | Yes | No | If yes, when? _____ |
| 4. In the past month has your pet had any of the following: Coughing, Sneezing, Diarrhea, Not Eating, Vomiting | Yes | No | If yes, when? _____ |

Please Read and Initial

The Spay

Neuter Project is not a full service clinic. To keep your costs affordable, we do not provide client/veterinarian consultations. Pets do receive a brief visual examination. If you have concerns about your pet's health, we recommend you visit a full service clinic. **Initial** _____ I understand there are small risks associated with any injection up to but not limited to swelling at injection site, vomiting, diarrhea, anaphylaxis, and any adverse reaction are my full responsibility. **Initial** _____ For after hours or weekend emergencies, contact the **University of Missouri Veterinary Hospital (573)822-4589.**

Please CIRCLE the vaccines and services you will be purchasing today

Dogs

1. \$15 DHPP (Distemper/Parvo Combo)
 2. \$15 1yr Rabies - My pet is not fixed
 3. \$10 1yr Rabies - My pet is fixed
 4. \$25 3yr Rabies (Must have proof of 1yr)
 5. \$15 Bordetella (Kennel Cough)
 6. \$20 Microchip
 7. \$5 Deworming (Pyrantel)
 8. \$5 Nail Trim
 9. \$20 Heartworm Test (Prevention not provided)
- POS NEG

Cats

1. \$15 FVRCP (Distemper Combo)
 2. \$15 1yr Rabies - My pet is not fixed
 3. \$10 1yr Rabies - My pet is fixed
 4. \$25 3yr Rabies (Must have proof of 1yr)
 5. \$15 FeLV (Leukemia) - (Must have proof of NEG test)
 6. \$20 Microchip
 7. \$5 Deworming (Pyrantel)
 8. \$5 Nail Trim
 9. \$20 FeLV/FIV Test
- POS NEG

Office Use Only

Weight _____ lbs. HR _____ RR _____ MM _____ CRT _____ BCS _____ Temp _____

1. General N NE A _____
2. Eyes/Ears/Oral N NE A _____
3. Respiratory N NE A _____
4. Genitourinary N NE A _____
5. Neurological N NE A _____

Veterinarian _____

4. Lymph Nodes N NE A _____
5. Cardiovascular N NE A _____
6. Abdomen N NE A _____
7. Skin/Musculoskeletal N NE A _____

____ Appears healthy for vaccines ____ Limited PE (fractious)
Microchip # _____